

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Bridgman Public Schools

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 9964 Gast Road, Bridgman, MI 49106

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Mr. Craig Harley

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

9964 Gast Road

Bridgman, MI 49106

Telephone Number of Designated Agent: 269-466-0271

Facsimile Number of Designated Agent: 269-466-0221

Email Address of Designated Agent: charley@remc11.k12.mi.us

Signature of Officer or Representative of the Designating Service Provider: _____

Date: 11-5-03

Typed or Printed Name and Title: Craig Harley, Business Manager

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

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